

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 5 — 0 0 1

2. STATE:

HAWAII

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)  
MEDICAL ASSISTANCE

4. PROPOSED EFFECTIVE DATE

01/01/05

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

\$1931 OF THE SOCIAL SECURITY ACT

7. FEDERAL BUDGET IMPACT:

a. FFY 05 \$ NONE EXPECTED

b. FFY 06 \$ NONE EXPECTED

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT 15 TO ATTACHMENT 2.6-A, PAGE 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

SUPPLEMENT 15 TO ATTACHMENT 2.6-A, PAGE 2

10. SUBJECT OF AMENDMENT:

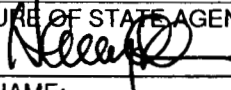
SECTION 1931 FEDERAL POVERTY LIMIT

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:  
AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

LILLIAN B. KOLLER, ESQ.

14. TITLE:

DIRECTOR

15. DATE SUBMITTED: FEB 11 2005

16. RETURN TO:

DEPARTMENT OF HUMAN SERVICES  
P. O. BOX 339  
HONOLULU, HI 96809**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

February 14, 2005

18. DATE APPROVED:

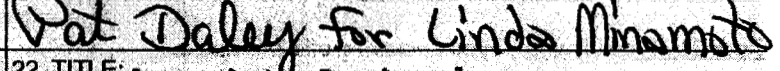
March 31, 2005

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2005

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional  
Administrator, DMCH

23. REMARKS:

\_\_\_\_\_ The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

1. For applicants and recipients, gross income in the amount of the difference between the AFDC income standard (in effect on July 16, 1996) and 100% of the 2005 FPL is disregarded or the AFDC income disregards in effect on July 16, 1996 are applied, whichever is to the family's advantage. Except that the income disregards will be applied without regard to 45 CFR 233.20(a)(11)(iii)(A) through (D).
2. The earned income of each child under age 19, who is a student, is excluded.
3. All TANF payments are excluded.
4. \$1000 in otherwise countable resources will be disregarded for a family of one, \$2000 for a family of two, and an additional \$250 for each individual above two.
5. The equity value of all motor vehicles such as cars, trucks, vans, campers, motorcycles, and mobile homes are exempt from consideration toward the personal reserve, regardless of the value or the use of the vehicles, with the exception of all watercrafts and air transportation vehicles, such as boats, airplanes, and helicopters that will continue to be considered toward the personal reserve.
6. The value of bona fide funeral and burial plans or agreements per individual are exempt from consideration toward the personal reserve, regardless of their value.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

1. A new income disregard is added.
2. The gross earned income of a dependent child who is a student, was included in determining whether the total family income exceeded 185 per cent of the Standard of Need. For applicants,

---

TN No. 05-001

Supersedes

TN No. 04-004

Approval Date: MAR 31 2005

Effective Date: 01/01/05